## **NEED MORE INFORMATION?**

- As you prepare to enroll, please visit sanantonio.gov/ openenrollment. Here you will find:
  - 2021 Benefit Matters Guide
  - Frequently asked questions
  - Video library featuring medical plan benefit information
  - Step-by-step video instructions for enrolling in your benefits
- You can also contact your department's Employee Relations team member, Human Resources Customer Service at 210-207-8705, or AskHR@sanantonio.gov for 2021 Open Enrollment assistance.

# **QUICK FACTS**

- Employees will receive a 10% reduction in medical premiums.
- Obtain your flu shot at your primary care physician or any in-network pharmacy. All you need to do is show your Blue Cross and Blue Shield of Texas I.D. card.
- You <u>must</u> go online between October 5-23 and enroll yourself and your eligible dependents or waive coverage; otherwise, you will automatically be enrolled in employee-only coverage, and your dependents will not be covered in 2021. Employees who wish to continue a waiver declining coverage <u>must</u> also go online.



# HUMAN RESOURCES DEPARTMENT

# **2021 OPEN ENROLLMENT OCTOBER 5 — 23, 2020**



# A Helpful Reference Guide for Civilian Employees

Inside you will find information to help you and your family prepare for 2021 Open Enrollment, including:

- Premiums
- What's New
- Plan Features





















# WHAT CAN YOU DO DURING OPEN ENROLLMENT?

- Enroll in your 2021 health care benefits.
- Review your current health care benefits.
- Register for a 2021 VIA Bus Pass.
- Make address changes.
- Authorize the use of your City I.D. photo for internal systems such as the Employee Self Service System.



- Re-enroll or remove dependent coverage for 2021.
- Print or email your 2021 Benefits Confirmation Statement.

# WHAT'S THE SAME IN 2021?

- Health Savings Account (HSA)
  contributions—\$500 individual or \$1,000
  family (Consumer Choice plan only)
- Three medical plan options
- All plans provide coverage for the same services you use today
- No change in bi-weekly rates for dental, vision, and life insurance coverage







### WHAT DOES MY PLAN FEATURE?

| nearth Savings Accounts, Deductibles, Out-of-Pocket Maximums, & Office Visits |                               |                           |                           |
|---|-------------------------------|---------------------------|---------------------------|
| In-Network Benefits   | Consumer Choice<br>PPO        | Blue Essentials HMO       | New Value PPO             |
| City Contribution to Health Savings Account (HSA) (Individual/Family)         | \$500/\$1,000                 | N/A                       | N/A                       |
| Preventive Care   | Covered at 100%               |                           |                           |
| Annual Deductible (Individual/Family)   | \$2,000/\$4,000               | \$1,500/\$3,000           | \$1,500/\$3,000           |
| Annual Out-of-Pocket Maximum<br>(Individual/Family)                           | \$4,000/\$8,000               | \$3,500/\$7,000           | \$3,500/\$7,000           |
| Office Visits: Primary Care, Specialist, Urgent Care                          | 20% once<br>deductible is met | Co-pay:<br>\$25/\$45/\$75 | Co-pay:<br>\$30/\$50/\$75 |

rings Accounts Deductibles Out-of-Pocket Maximums & Office Visits

WHAT ARE MY BI-WEEKLY PREMIUMS IN 2021?

| Employees Hired Before January 1, 2009 |                        |                           |                  |
|--|------------------------|---------------------------|------------------|
| Medical Plan                           | Consumer<br>Choice PPO | Blue<br>Essentials<br>HMO | New Value<br>PPO |
| Employee Only                          | \$8.55                 | \$17.10                   | \$36.00          |
| Employee + Child(ren)                  | \$14.85                | \$39.15                   | \$94.50          |
| Employee + Spouse/<br>Domestic Partner | \$43.20                | \$83.70                   | \$177.75         |
| Employee + Family                      | \$61.20                | \$115.20                  | \$240.30         |

**Medical Plan Premiums** 

### Medical Plan Premiums

**Employees Hired After January 1, 2009** 

| Medical Plan                           | Consumer<br>Choice PPO | Blue<br>Essentials<br>HMO | New Value<br>PPO |
|--|------------------------|---------------------------|------------------|
| Employee Only                          | \$20.25                | \$38.25                   | \$79.65          |
| Employee + Child(ren)                  | \$33.30                | \$79.65                   | \$187.20         |
| Employee + Spouse/<br>Domestic Partner | \$94.05                | \$155.25                  | \$297.90         |
| Employee + Family                      | \$133.20               | \$213.30                  | \$399.60         |

| Dental Plan Premiums                   |              |                   |
|--|--------------|-------------------|
| Dental Plan                            | CitiDent PPO | DeltaCare<br>DHMO |
| Employee Only                          | \$16.50      | \$6.83            |
| Employee + Child(ren)                  | \$24.50      | \$12.73           |
| Employee + Spouse/<br>Domestic Partner | \$24.50      | \$12.73           |
| Employee + Family                      | \$36.50      | \$19.10           |

| Vision Plan Premiums                   |         |  |
|--|---------|--|
| Vision Plan                            | Premium |  |
| Employee Only                          | \$3.92  |  |
| Employee + Child(ren)                  | \$7.01  |  |
| Employee + Spouse/ Domestic<br>Partner | \$7.01  |  |
| Employee + Family                      | \$10.38 |  |

USE YOUR SMART PHONE CAMERA TO CLICK THIS QR CODE AND VISIT THE 2021 OPEN ENROLLMENT ONE-STOP-SHOP WEBSITE!

